

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 03, 2001 8:00 am
Secretary of State

04-14-2001 90004 046 ****61.25

DOCUMENT # N96000000711

1. Entity Name

HARVEST TABERNACLE, INC.

Principal Place of Business

7961 OVERLOOK RD
 LAKE WORTH FL 33463

Mailing Address

8115 OLD MILITARY TRAIL
 BOYNTON BEACH FL 33436

40447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0643527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JESSE A
 5690 BISCAYNE DRIVE
 GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8115 Old Military Tr

City

Boynton Beach

FL

Zip Code

33436

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, JESSE A	
STREET ADDRESS	5690 BISCAYNE DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEN, PARLET	
STREET ADDRESS	610 NORTH D STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEDLEY, JENNIFER	
STREET ADDRESS	3792 BONANZA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheryl S. Young	
STREET ADDRESS	8115 Old Military TR.	
CITY-ST-ZIP	Boynton Bch. FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delores McIntyre	
STREET ADDRESS	35 Seaview Cir.	
CITY-ST-ZIP	Boynton Bch. FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Young

4/8/01

561-742-9376

Date

Daytime Phone #

CR2E037 (10/00)